

CHRIS CHRISTIE

Governor

KIM GUADAGNO

Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Dentistry

124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102

**Via Certified and Regular Mail**



JOHN J. HOFFMAN

Acting Attorney General

ERIC T. KANEFSKY

Director

September 27, 2013

Jack Altomonte, D.M.D.  
C/o Pamela Mandel, Esq.  
45 Essex Street, Suite 200  
Millburn, NJ 07041

RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
ON 10-9-13 *DA*

**Mailing Address:**

P.O. Box 45005  
Newark, NJ 07101  
(973) 504-6405

**RE: OFFER OF SETTLEMENT IN LIEU OF  
FORMAL ACTION – File #85810  
In the Matter of the Unlicensed Practice of O.B.**

Dear Dr. Altomonte:

The New Jersey State Board of Dentistry ("Board") received notice that you were disciplined by the New Jersey Department of Environmental Protection on April 30, 2012; specifically, the Division of Environmental Safety and Health issued an Administrative Order with a finding that you permitted an unlicensed individual (O.B.) to engage in the scope of dental radiologic technology in your dental office, in violation of **N.J.A.C.** 7:28-19.3(c). Upon review of all available information, the Board has determined that you permitted an unlicensed individual to take x-rays in the dental office, in violation of **N.J.S.A.** 45:1-21(n), and has deemed this to be professional misconduct pursuant to **N.J.S.A.** 45:1-21(e).

Prior to commencing formal action, the Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you permitted O.B. to take x-rays in your dental office, based upon your misunderstanding that the certificate O.B. had from the Dental Assisting National Board in radiation health and safety was sufficient, and agree to immediately cease and desist from permitting unlicensed individuals from taking x-rays in your dental office.
2. Agree to the assessment of a civil penalty of \$5,000 for professional misconduct, to be paid as follows: \$2,000 upon signing, \$1,500 thirty days thereafter, and \$1,500 thirty days from that payment.

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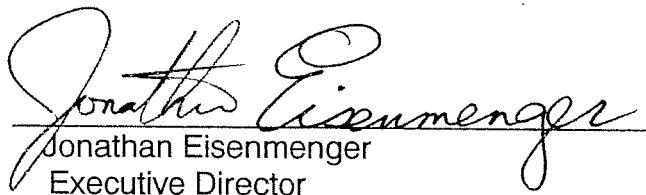
If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of service of this letter. In the event that no response is received from you within fifteen days of your receipt of this letter, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-6405.

Sincerely,  
**New Jersey State Board of Dentistry**

  
Jonathan Eisenmenger  
Executive Director

cc: Nancy Costello Miller, DAG

### ACKNOWLEDGMENT AND AGREEMENT

I, **Jack F. Altomonte**, admit that I permitted an unlicensed individual to take radiographs in the dental practice.

I agree to cease and desist from permitting unlicensed individuals from taking radiographs in the dental practice unless and until they hold a valid and active license to do so.

I agree to the assessment of a civil penalty of \$5,000.00 against me for professional misconduct. I have provided a \$2,000 payment with this signed acknowledgment and agreement, and will pay \$1,500 thirty days thereafter, and the final \$1,500 thirty days from that payment.

I understand that if I am found to engage in, or permit the unlicensed practice of dentistry in the dental office, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated September 27, 2013. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.

  
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Jack F. Altomonte, D.M.D.  
\_\_\_\_\_  
Date

OCT 9 - 2013